

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT** ▼Example: If typing, type  
over the lines

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

ADDRESS (number and street)  
▼

CNA PLAZA - CORPORATE TAX (24S)

☐Check if different  
than previously  
reported. (ACC)

CHICAGO

IL

60685

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00078287

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

11

07

2006

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

10

01

2006

through

10

18

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Karen E. Melchert

Signature of Treasurer

Electronically Filed by Karen E. Melchert

Date

12

11

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	8	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		45484.92
(b) Cash on Hand at Beginning of Reporting Period .....	22004.92	
(c) Total Receipts (from Line 19) .....	5149.38	86851.30
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	27154.30	132336.22
7. Total Disbursements (from Line 31) .....	21000.00	126181.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	6154.30	6154.30
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	8	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3818.81	50757.76
(i) Itemized (use Schedule A) .....	1330.57	36093.54
(ii) Unitemized .....	5149.38	86851.30
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	5149.38	86851.30
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	5149.38	86851.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5149.38	86851.30

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	181.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	181.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18000.00	71000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	3000.00	55000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	21000.00	126181.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	21000.00	126181.92

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	5149.38	86851.30
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5149.38	86851.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	181.92
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	181.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Roger Ablett			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.9960	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA Insurance		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.70		
<b>B.</b> Full Name (Last, First, Middle Initial) George Agyen			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.9961	
City State Zip Code Chicago IL 60655			Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.02		
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Anway			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.9965	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.70		

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.** Full Name (Last, First, Middle Initial)  
Michael Baumel

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.9970

Amount of Each Receipt this Period

41.67

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Darci Beacom

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.9972

Amount of Each Receipt this Period

41.67

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Jacquelyne Belcastro

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.02

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.9973

Amount of Each Receipt this Period

41.67

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

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CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Larry Boysen			Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.9980	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 708.36		
<b>B.</b> Full Name (Last, First, Middle Initial) Patty Bridger			Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.9982	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA Insurance		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 541.68		
<b>C.</b> Full Name (Last, First, Middle Initial) James Casimir			Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.9986	
City State Zip Code Chicago IL 60604			Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.02		

**SUBTOTAL** of Receipts This Page (optional) .....

166.67

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 9 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)

Ronald Casner

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10184

Amount of Each Receipt this Period

41.67

Contribution

B. Full Name (Last, First, Middle Initial)

Bruce Cluskey, q

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.9991

Amount of Each Receipt this Period

41.67

Contribution

C. Full Name (Last, First, Middle Initial)

Michael Coffey

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.9992

Amount of Each Receipt this Period

26.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

109.34

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)

Charles Colburn

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.9994

Amount of Each Receipt this Period

41.67

Contribution

B. Full Name (Last, First, Middle Initial)

Terry Cosgrove

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.9995

Amount of Each Receipt this Period

41.67

Contribution

C. Full Name (Last, First, Middle Initial)

Kathleen Cuning

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.9998

Amount of Each Receipt this Period

62.50

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

145.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Heather Davis			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.9999	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 62.50		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 625.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Antonio Depadua			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.10001	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 62.50		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 625.00		
<b>C.</b> Full Name (Last, First, Middle Initial) John Devereux			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.10004	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			175.00	
<b>TOTAL</b> This Period (last page this line number only) .....				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Bonnie Diehl		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.10005
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer CNA Insurance	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Thomas Dunlop		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.10007
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Steven Earley		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.10009
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

A. Warren Edwards

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10010

Amount of Each Receipt this Period

42.00

Contribution

Full Name (Last, First, Middle Initial)

B. Diane Ferro

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10015

Amount of Each Receipt this Period

62.50

Contribution

Full Name (Last, First, Middle Initial)

C. Michael Fitzgerald

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10017

Amount of Each Receipt this Period

62.50

Contribution

SUBTOTAL of Receipts This Page (optional) .....

167.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.** Full Name (Last, First, Middle Initial)  
Michael Fusco

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10021

Amount of Each Receipt this Period

90.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Brian Granstrand

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10027

Amount of Each Receipt this Period

25.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Robert Grob

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10028

Amount of Each Receipt this Period

25.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.** Full Name (Last, First, Middle Initial)  
Timothy Hagen

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10029

Amount of Each Receipt this Period

41.67

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Timothy Haggerty

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10030

Amount of Each Receipt this Period

25.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Gary Hall

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10031

Amount of Each Receipt this Period

42.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

108.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)

John Hall

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10032

Amount of Each Receipt this Period

30.00

Contribution

B. Full Name (Last, First, Middle Initial)

Lisa Harrell

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10034

Amount of Each Receipt this Period

25.00

Contribution

C. Full Name (Last, First, Middle Initial)

Dennis Hemme

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10036

Amount of Each Receipt this Period

41.67

Contribution

SUBTOTAL of Receipts This Page (optional) .....

96.67

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)

Robert Hides

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10040

Amount of Each Receipt this Period

25.00

Contribution

B. Full Name (Last, First, Middle Initial)

William Johnston

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.02

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10046

Amount of Each Receipt this Period

41.67

Contribution

C. Full Name (Last, First, Middle Initial)

Daniel Jordan

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10047

Amount of Each Receipt this Period

25.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

91.67

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 18 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.** Full Name (Last, First, Middle Initial)  
Robert Keith

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10048

Amount of Each Receipt this Period

62.50

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Susan Kelly

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNA InsuranceOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10050

Amount of Each Receipt this Period

25.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Michael Komoll

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10056

Amount of Each Receipt this Period

25.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

112.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)

Robert Koza

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10057

Amount of Each Receipt this Period

25.00

Contribution

B. Full Name (Last, First, Middle Initial)

Heather Libby

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10063

Amount of Each Receipt this Period

25.00

Contribution

C. Full Name (Last, First, Middle Initial)

Peter Lies

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10064

Amount of Each Receipt this Period

41.67

Contribution

SUBTOTAL of Receipts This Page (optional) .....

91.67

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

A. Wendy Lynn

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10070

Amount of Each Receipt this Period

41.67

Contribution

Full Name (Last, First, Middle Initial)

B. Joseph Manero

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10072

Amount of Each Receipt this Period

25.00

Contribution

Full Name (Last, First, Middle Initial)

C. Robert Mann

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10075

Amount of Each Receipt this Period

62.50

Contribution

SUBTOTAL of Receipts This Page (optional) .....

129.17

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

A. William McEnery

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10079

Amount of Each Receipt this Period

41.67

Contribution

Full Name (Last, First, Middle Initial)

B. Michael McEwen

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10080

Amount of Each Receipt this Period

25.00

Contribution

Full Name (Last, First, Middle Initial)

C. Marilou McGirr

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10081

Amount of Each Receipt this Period

41.67

Contribution

SUBTOTAL of Receipts This Page (optional) .....

108.34

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

A. Craig Meadors

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNA InsuranceOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10084

Amount of Each Receipt this Period

35.00

Contribution

Full Name (Last, First, Middle Initial)

B. Karen E. Melchert

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNA InsuranceOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10085

Amount of Each Receipt this Period

25.00

Contribution

Full Name (Last, First, Middle Initial)

C. Stephen Menke

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.02

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10086

Amount of Each Receipt this Period

41.67

Contribution

SUBTOTAL of Receipts This Page (optional) .....

101.67

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

**A.** Craig Mense

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10087

Amount of Each Receipt this Period

83.34

Contribution

Full Name (Last, First, Middle Initial)

**B.** William Morgan

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10091

Amount of Each Receipt this Period

41.67

Contribution

Full Name (Last, First, Middle Initial)

**C.** James Morris

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10092

Amount of Each Receipt this Period

41.67

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

166.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

A. Timothy Morse

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.02

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10093

Amount of Each Receipt this Period

41.67

Contribution

Full Name (Last, First, Middle Initial)

B. Robert Movelle

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10095

Amount of Each Receipt this Period

25.00

Contribution

Full Name (Last, First, Middle Initial)

C. William Nachtsheim

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10099

Amount of Each Receipt this Period

62.50

Contribution

SUBTOTAL of Receipts This Page (optional) .....

129.17

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

**A.** Jeffrey Neuenschwander

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10100

Amount of Each Receipt this Period

41.67

Contribution

Full Name (Last, First, Middle Initial)

**B.** Frederic Nieman

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10102

Amount of Each Receipt this Period

41.67

Contribution

Full Name (Last, First, Middle Initial)

**C.** Robert Nienaber

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60604

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10103

Amount of Each Receipt this Period

40.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

123.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)

James O'Malley

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10105

Amount of Each Receipt this Period

40.00

Contribution

B. Full Name (Last, First, Middle Initial)

Lawrence Pagliaro

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10109

Amount of Each Receipt this Period

25.00

Contribution

C. Full Name (Last, First, Middle Initial)

Sarah Pang

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10110

Amount of Each Receipt this Period

83.34

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

148.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) David Perry Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.70			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.10112 Amount of Each Receipt this Period 41.67 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) William Phillips Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.10118 Amount of Each Receipt this Period 30.00 Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Fred Piertropola Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.70			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.10119 Amount of Each Receipt this Period 41.67 Contribution
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			113.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

A. Thomas Pontarelli

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10121

Amount of Each Receipt this Period

83.34

Contribution

Full Name (Last, First, Middle Initial)

B. Richard Pye

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10122

Amount of Each Receipt this Period

41.67

Contribution

Full Name (Last, First, Middle Initial)

C. James Ramsdell

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10124

Amount of Each Receipt this Period

25.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

150.01

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Reilly Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Insurance Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.10127 Amount of Each Receipt this Period 25.00 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Mary Ribikawskis Mailing Address CNA Plaza City Chicago State ID Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.10128 Amount of Each Receipt this Period 25.00 Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Melville Sampson Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.10131 Amount of Each Receipt this Period 25.00 Contribution
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		75.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

**A.** Andrew Shapiro

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10136

Amount of Each Receipt this Period

62.50

Contribution

Full Name (Last, First, Middle Initial)

**B.** Ken Simmons

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10138

Amount of Each Receipt this Period

41.67

Contribution

Full Name (Last, First, Middle Initial)

**C.** Teresa Smiley

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10139

Amount of Each Receipt this Period

41.67

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

145.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) David Smith			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.10140	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 370.02		
<b>B.</b> Full Name (Last, First, Middle Initial) Ralph Soletti			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.10143	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.02		
<b>C.</b> Full Name (Last, First, Middle Initial) Ronald Stegeman			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.10145	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.03		
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			125.01	
<b>TOTAL</b> This Period (last page this line number only) ..... ▶				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)

Thomas Stillman

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10148

Amount of Each Receipt this Period

62.50

Contribution

B. Full Name (Last, First, Middle Initial)

Karen Stuttman

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10150

Amount of Each Receipt this Period

41.67

Contribution

C. Full Name (Last, First, Middle Initial)

John Tatum

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10153

Amount of Each Receipt this Period

41.67

Contribution

SUBTOTAL of Receipts This Page (optional) .....

145.84

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Jennifer Throm Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.10155 Amount of Each Receipt this Period 25.00 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Cynthia Traczyk Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 394.02			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.10158 Amount of Each Receipt this Period 41.67 Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Marie Usher Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.70			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.10160 Amount of Each Receipt this Period 41.67 Contribution
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			108.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)

Jeffrey Vankley

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10162

Amount of Each Receipt this Period

41.67

Contribution

B. Full Name (Last, First, Middle Initial)

Russell Viater

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10163

Amount of Each Receipt this Period

25.00

Contribution

C. Full Name (Last, First, Middle Initial)

Penny Wand

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10169

Amount of Each Receipt this Period

35.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

101.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)

Stephen J. Westman

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10173

Amount of Each Receipt this Period

62.50

Contribution

B. Full Name (Last, First, Middle Initial)

Joe Wolfe

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10175

Amount of Each Receipt this Period

25.00

Contribution

C. Full Name (Last, First, Middle Initial)

Robert Wolfe

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10176

Amount of Each Receipt this Period

25.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

112.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

Tad Womack

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10177

Amount of Each Receipt this Period

62.50

Contribution

**B.**

Full Name (Last, First, Middle Initial)

John Wurzler

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.10181

Amount of Each Receipt this Period

42.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

104.50

**TOTAL** This Period (last page this line number only) .....

3818.81

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 44

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

## **A. BARNEY FRANK FOR CONGRESS COMMITTEE**

Mailing Address PO Box 260

City  
Newtonville

State  
MA

Zip Code  
02460

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA District: 04

Transaction ID: SB23.9925

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. BEN CARDIN FOR SENATE**

Mailing Address PO BOX 65056

City  
BALTIMORE

State  
MD

Zip Code  
21209

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 03

Transaction ID: SB23.9932

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Ben Nelson for U.S. Senate Committee**

Mailing Address 420 C Street, NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NE District:

Transaction ID: SB23.9914

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

## **A. BRAD MILLER FOR UNITED STATES CONGRESS**

Mailing Address P.O. Box 10322

City Raleigh State NC Zip Code 27605

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 13

Transaction ID: SB23.9927

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. COMMITTEE FOR LORETTA SANCHEZ**

Mailing Address 601 S GLENOAKS BLVD #208

City BURBANK State CA Zip Code 91502

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 47

Transaction ID: SB23.9929

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. COMMITTEE FOR THE PRESERVATION OF CAPITALISM (CPC), THE**

Mailing Address P.O. Box 65314

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.9941

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

**A.** Dave Camp for Congress

Mailing Address 5915 Eastman Avenue

City State Zip Code  
Midland MI 48640

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.9916

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** FOR AMERICAS REPUBLICAN MAJORITY PAC (FARM PAC)

Mailing Address P.O. Box 11

City State Zip Code  
Clarion IA 50525

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.9939

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** FRIENDS OF CLAY SHAW

Mailing Address 2600 NE 14th. Street Causeway

City State Zip Code  
Pompano Beach FL 33062

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: SB23.9924

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOHN TANNER**

Mailing Address Post Office Box 1994

City State Zip Code  
Union City TN 38281

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN District: 08

**Transaction ID: SB23.9931**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF KENT CONRAD**

Mailing Address PO BOX 812

City State Zip Code  
BISMARCK ND 58502

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ND District: 00

**Transaction ID: SB23.9936**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Geoff Davis for Congress**

Mailing Address 3151 Dixie Highway  
Suite F

City State Zip Code  
Erlanger KY 41018

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB23.9918**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

**A.** Jim Gerlach for Congress Committee

Mailing Address 911 Welsh Ayres Way

City State Zip Code  
 Downingtown PA 19335

Purpose of Disbursement  
 Contribution

Candidate Name

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 6

Transaction ID: SB23.9921

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** LUNGREN FOR CONGRESS

Mailing Address 9321 Silverbend Lane

City State Zip Code  
 Elk Grove CA 95624

Purpose of Disbursement  
 Contribution

Candidate Name

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 03

Transaction ID: SB23.9922

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Melissa Bean for Congress

Mailing Address 426 C. Street, NE

City State Zip Code  
 Washington DC 20002

Purpose of Disbursement  
 Contribution

Candidate Name

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 8

Transaction ID: SB23.9915

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 44

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

**A.** Roskam for Congress

Mailing Address 423 W. Wesley Street

City Wheaton State IL Zip Code 60187

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 6

Transaction ID: SB23.9913

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** STABENOW FOR US SENATE

Mailing Address PO BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 00

Transaction ID: SB23.9937

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** TALENT FOR SENATE COMMITTEE

Mailing Address 147 N MERAMEC SUITE 100

City ST LOUIS State MO Zip Code 63105

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO District: 00

Transaction ID: SB23.9934

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

18000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

## **A. Committee to Elect Bill Keffer**

Mailing Address 8401 N. Central Expressway  
Suite 630

City Dallas State TX Zip Code 75225

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.9953

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Committe to Elect Kirk England**

Mailing Address 3630 Greenhollow Drive

City Grand Prairie State TX Zip Code 75052

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.9951

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Committe to Elect Martha Wong**

Mailing Address 15 Greenway Plaza  
Unit 16F

City Houston State TX Zip Code 77046

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.9955

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

## **A. Committe to Elect Toby Goodman**

Mailing Address 1600 E. Lamar Blvd.,  
Suite 250

City Arlington State TX Zip Code 76011

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.9947

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Committe to Elect Tony Goolsby**

Mailing Address 9 Cheltenham Way

City Dallas State TX Zip Code 75203

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.9949

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Friends of David Puryear**

Mailing Address 1200 San Antonio Street

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.9945

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

3000.00